

20  
19  
94

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		1				
5		0				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13	1					
14		1				
15		1				
16		1				
17		1				
18		2				
19	1					
20						
21						
22						
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25						
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27						
28						
29						
30						
31						
32						
33						
34	1					
35	1					
36						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	38					
TOTAL CLAIMS	44					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						